

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093630

**Entity Name:** PSL MEDICAL COMPLEX LLC

**Current Principal Place of Business:**

10377 S. US HIGHWAY 1  
STE 104  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10377 S. US HIGHWAY 1  
STE 104  
PORT ST. LUCIE, FL 34952

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONIDI, FRANCIS  
10377 S. US HIGHWAY 1  
STE 104  
PORT ST. LUCIE, FL 34952 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CONIDI, FRANCIS  
Address 10377 S. US HIGHWAY 1 SUITE 104  
City-State-Zip: PORT ST. LUCIE FL 34952

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS X CONIDI

**MGRM**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date